MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06517

6530

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland X
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Oakland
STREET ADDRESS (If rural, give location): Second St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Harper (Last) Bartlett

4. DATE OF DEATH: (Month) 7 (Day) 12 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/27/1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Oakland, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry E. Bartlett

14. MOTHER'S MAIDEN NAME: Harriett Fairall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. William Gibson, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

460.0

Immediate cause (a) Generalized Arteriosclerosis

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1953, to July, 1954, that I last saw the deceased alive on July 12, 1954, and that death occurred at 5:01 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

E. E. Baum Gartner M.D. Oakland Md. 7/13/54

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 7/14/1954

NAME OF CEMETERY OR CREMATORY: Oakland

LOCATION (City, town, or county) (State): Oakland, Md.

DATE REC'D BY LOCAL REG. July 14 54

REGISTRAR'S SIGNATURE: Julia Rowan

24. FUNERAL DIRECTOR: Emory Golden

ADDRESS: Oakland, Md.

RECEIVED
AUG 3 1954
BUREAU V. S.

6531 MARYLAND STATE DEPARTMENT OF HEALTH 06521

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X122 Railroad St.; STREET ADDRESS (If rural, give location) Westernport

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Ernest (Last) Elliott

4. DATE OF DEATH: (Month) July (Day) 6 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10 Feb. 1926

9. AGE last birthday: 28 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Oakmont, W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lawrence Elliott

14. MOTHER'S MAIDEN NAME: Mary Jane Heatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, WW I, WW II, or Dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. M. J. Heatley 122 Railroad St. Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Put Creek Lake (CITY OR TOWN) near Oakland (COUNTY) Garrett (STATE) Md

TIME OF INJURY (Month) July (Day) 6 (Year) 1954 1240 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Automobile Ran into Lake

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ✓, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. Baumgartner (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 7/7/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 7-8-54; NAME OF CEMETERY OR CREMATORY Philos Cemetery; LOCATION (City, town, or county) Westernport, Md. (State)

DATE REC'D BY LOCAL REG. 7/7/54; REGISTRAR'S SIGNATURE Julia Mowan L.R.

24. FUNERAL DIRECTOR Emrys Bolden ADDRESS Oakland, Md.

VS. A16A

RECEIVED
JUL 12 1954
BUREAU V. S.

6532 MARYLAND STATE DEPARTMENT OF HEALTH 06522

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 8162

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Lonaconing X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS (Rural Route) Lonaconing X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Colorado COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Denver 44X-3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ruth (Middle) M (Last) Evans
4. DATE OF DEATH (Month) July (Day) 4 (Year) 1954
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 4/11/1903
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Denver
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME ---- McMillian
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 4 No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS E.B. Evans 1085 Clayton Way Denver, Colorado

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

866.1

Immediate cause (a) Fracture basal portion of Skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Cervical Vertebrae Laceration right lg

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, etc.) OF INJURY Farm farm near Lonaconing (CITY OR TOWN) 11 (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) July (Day) 4 (Year) 1954 (Hour) 10 45 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Airplane Crash

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE L.A. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 7/4/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 1954
NAME OF CEMETERY OR CREMATORY Denver
LOCATION (City, town, or county) Denver, Colorado. (State)

DATE REC'D BY LOCAL REG. 7-4-54
REGISTRAR'S SIGNATURE Jeannette M Boal
Ethel Broadwater mmt.
24. FUNERAL DIRECTOR George Eichhorn, Lonaconing, Md. ADDRESS

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

RECEIVED
JUL 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07528

6533

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ACCIDENT
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ACCIDENT
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) SALLIE (Middle) VICTORIA (Last) FAZENBAKER

4. DATE OF DEATH: (Month) JULY. (Day) 27 (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: SEPT. 21, 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HWFE.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: BIRD, ARCH

14. MOTHER'S MAIDEN NAME: SHOEMAKER, NANCY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: SALLIE VICTORIA FAZENBAKER - ACCIDENT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

433.1

Immediate cause (a) Cerebral ~~emolus~~ embolus — Interval Between Onset And Death: minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Auricular fibrillation (Chronic heart disease) — several yrs.

DUE TO

(260X) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus and Osteosynthesis of ~~hip~~ ununited fracture of hip.

19a. DATE OF OPERATION: July

19b. MAJOR FINDINGS OF OPERATION Ununited femoral neck fracture of left hip.

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1954, to July 27, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 6:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Alvarez M.D. ADDRESS 101 Third St. Oakland, Md. DATE SIGNED July 29, 1954.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF July 30/54 NAME OF CEMETERY OR CREMATORY Accident Md LOCATION (City, town, or county) Accident Md (State)

DATE REC'D BY LOCAL REGISTRAR July 28/54 REGISTRAR'S SIGNATURE Julia A Rowan Jr. FUNERAL DIRECTOR O.M.H. Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
AUG 18 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06523

6534

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Sang Run, Garrett Co. Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
LENGTH OF STAY (in this place): 90yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) Mary (Middle) C. (Last) Hoye

4. DATE OF DEATH: (Month) July (Day) 16, (Year) 1954

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec. 9, 1863

9. AGE last birthday: 90 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Garrett Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Amos Friend

14. MOTHER'S MAIDEN NAME: Lovenia Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ruth Hoye, Sang Run, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 8 years

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 29, 1946, to July 16, 1954, that I last saw the deceased alive on July 13, 1954, and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: Milton Tepper M.D. Friendsville, Md. DATE SIGNED: JULY 20, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 18, 54

NAME OF CEMETERY OR CREMATORY: Sang Run

LOCATION (City, town, or county) (State): Sang Run, Md.

DATE REC'D BY LOCAL REG.: July 17/54

REGISTRAR'S SIGNATURE: Julia A Mowan LR

24. FUNERAL DIRECTOR: A. F. Collins ADDRESS: Terra Alta, W. Va

RECEIVED
AUG 3 1954
BUREAU V. S.

07533

MARYLAND 6535

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 16 6

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland
LENGTH OF STAY (in this place) 16Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett County Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNT Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller
STREET ADDRESS (If rural, give location) Center St.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Hobart (Last) Lucas

4. DATE OF DEATH: (Month) July (Day) 28 (Year) 19 54

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 11, 1898

9. AGE last birthday: 55 yrs. If under 1 year: Months. 7 Days 17 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Westernport, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Cornelius Lucas

14. MOTHER'S MAIDEN NAME: Hestell Elizabeth Michaels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-01-4825

17. INFORMANT AND ADDRESS: Mrs. Irene Rawlings, Blaine, W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Failure.	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Kidney metastatic to liver.	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 7, 1954

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of left Kidney

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954, to July 28, 1954, that I last saw the deceased alive on July 27, 1954, and that death occurred at 9:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph Alvarez M.D. 101 Third St. Oakland Md. 7/28/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE June 30/54

NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

LOCATION (City, town, or county) (State) Elk Garden, W.Va.

DATE REC'D BY LOCAL REG. July - 29 - 54

REGISTRAR'S SIGNATURE Julia Rowan LR

24. FUNERAL DIRECTOR: Othe F. Sharpless ADDRESS: Blaine, W.Va.

AUG
U.S.

6536

06525

MARYLAND — **STATE DEPARTMETT OF HEALTH**

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Garrett — MARYLAND
CITY If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville | LENGTH OF STAY (in this place): all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Friendsville Md
STREET ADDRESS (If rural, give location): Gen Del

3. NAME OF DECEASED (Type or Print): (First) Dwight — (Middle) M — (Last) Methany
4. DATE OF DEATH: (Month) July (Day) 29 (Year) 1954
5. SEX: M
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: aug 1. 1913
9. AGE last birthday: 40 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: auto
11. BIRTHPLACE (State or foreign country): Garrett Co
12. CITIZEN OF WHAT COUNTRY? U S
13. FATHER'S NAME: John Methany
14. MOTHER'S MAIDEN NAME: Mary Etta Fike
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): Yes Army
16. SOCIAL SECURITY NO.: 214-01-9744
17. INFORMANT AND ADDRESS: Mrs Dwight Methany Friendsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 10 hrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis

(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 29, 1954, to July 29, 1954, that I last saw the deceased alive on July 29, 1954, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edwin M. Prine MD — ADDRESS: Confluence Pa. — DATE SIGNED: July 29, 1954

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug 1-54 | NAME OF CEMETERY OR CREMATORY: Bloomin Rose Cemetery | LOCATION (City, town, or county) (State): Friendsville-Garrett Md

DATE REC'D BY LOCAL REG.: July 30. 1954 | REGISTRAR'S SIGNATURE: Kathryn Pike

24. FUNERAL DIRECTOR — ADDRESS: W H Rodabaugh - Markleysburg Pa

Dr. Baumgartner - Called - 6:00 PM July 29, 54.

M

DWIGHT - M - METHANY

MARGIN RESERVED FOR BINDING

1

Coroner.

AUG
BUFFALO

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06526

6537 **CERTIFICATE OF DEATH**

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Deer Park X
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7 Mi. So. Deer Park X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Deer Park X
STREET ADDRESS (If rural give location) 7 Mi. So. Deer Park, Md.

3. NAME OF DECEASED: (Type or Print) (First) Isaac (Middle) Norman (Last) Shillingburg

4. DATE OF DEATH: (Month) July (Day) 9, (Year) 1954 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 12/16/1864
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Shillingburg
14. MOTHER'S MAIDEN NAME: Martha Murphy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: -----
17. INFORMANT & ADDRESS: Emory Shillingburg - Steyer, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 44 X (a) Uremia — Interval Between Onset And Death 1-week

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Cardio-renal Disease — 3 years

DUE TO (c) Arteriosclerosis — 10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to July 9, 1954, that I last saw the deceased alive on , 19 ... , and that death occurred at 8:15 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. E. Maurer MD
ADDRESS Oakland Md
DATE SIGNED 10 July 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 7/12/1954
NAME OF CEMETERY OR CREMATORY White Church Cemetery
LOCATION (City, town, or county) (State) near Deer Park, Md.

DATE REC'D BY LOCAL REGISTRAR 7/13/54
REGISTRAR'S SIGNATURE Julia A. Rowan L.R.
24. FUNERAL DIRECTOR Herbert C. Leighton
ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JUL 20 1954
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06527

6538

CERTIFICATE OF DEATH

Reg. Dist. No. 766

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland X
LENGTH OF STAY (in this place) 4 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Evans Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY All.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Westernport
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Thomas WRIGHT UMSTOT
4. DATE OF DEATH: (Month) (Day) (Year) JULY 21 1954

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept 22, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter
10b. KIND OF BUSINESS OR INDUSTRY: Bone Business
11. BIRTHPLACE (State or foreign country): Near Keyser West Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Umstot
14. MOTHER'S MAIDEN NAME: Rachel Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular Accident — Interval Between Onset And Death 2 hrs.?

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Art. C. V. D. — years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3 previous C.V. accidents

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/18, 1954, to 7/21, 1954, that I last saw the deceased alive on 7/21, 1954 and that death occurred at 9:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas J Lusky M.D.
ADDRESS Oakland, Md
DATE SIGNED 7/22/54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 24/54
NAME OF CEMETERY OR CREMATORY Mt. Zion
LOCATION (City, town, or county) (State) Near Keyser W Va.

DATE REC'D BY LOCAL REGISTRAR July 23/54
REGISTRAR'S SIGNATURE Julia A Lowan LR
24. FUNERAL DIRECTOR Ellsworth S Boals
ADDRESS Westernport Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1971
BUREAU V. S.

6539 **MARYLAND STATE DEPARTMENT OF HEALTH** 08497

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

Item 9. FilmG171 10-20-54 et

1. PLACE OF DEATH- COUNTY: Garrette MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: W.Vaston COUNTY: Preston
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Oakland — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Albright Rural 85X3
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print)	(First) Allen	(Middle) Windfield	(Last) Wolfe	4. DATE OF DEATH (Month) July (Day) 15 (Year) 1954 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: Sep 16 1889	9. AGE last birthday: 64 66 yrs. — If under 1 year: Months 9, Days 23 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Own farm	11. BIRTHPLACE (State or foreign country): Preston Co. W.Va	12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME: Jacob Wolfe	14. MOTHER'S MAIDEN NAME: Racheal Rodeheaver			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.: 234-34-9576	17. INFORMANT AND ADDRESS:		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
2041 Immediate cause	(a) Cardiac failure	3 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardia-vascular disease	20 yrs
(2 [illegible])	(c) Chronic myeloid leukemia	10 yrs
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 4, 1954, to July 15, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. Duncan Clark Harley	M.D	Terra Alta, W.Va	Aug 6-54

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 7/18/54	NAME OF CEMETERY OR CREMATORY: Centenary Cem-	LOCATION (City, town, or county) (State): Near Cuzzard PrestonCo
DATE REC'D BY LOCAL REG.: 7/19/54	REGISTRAR'S SIGNATURE: Julia A Logan LR	24. FUNERAL DIRECTOR: E. G. Harned	ADDRESS: Brandonville W.Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1904
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06528

6540

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND X
LENGTH OF STAY (in this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE WEST VIRGINIA COUNTY PRESTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ALBRIGHT 85X-3
STREET ADDRESS (If rural give location) ROUTE #2, BOX 15

3. NAME OF DECEASED: (Type or Print) (First) WOLFE (Middle) WINFIELD (Last) WOLFE
4. DATE OF DEATH: (Month) JULY (Day) 15 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 16, 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MINE FOREMAN
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ALBRIGHT WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: WOLFE, JACOB B.
14. MOTHER'S MAIDEN NAME: RODEHEAVER, RACHEL

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: MRS. EMMA B. WOLFE, ROUTE #2, BOX 15 ALBRIGHT W. VA.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

422.1

Immediate cause (a) Cardiac failure — 1 month

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic cardio-vascular disease — 15 yrs

DUE TO

(260X) (c) ~~Chronic myeloid leukemia~~ — ~~10 to 15 yrs~~

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ① Diabetes mellitus ② Chronic myeloid leukemia — 10 to 15 yrs

19a. DATE OF OPERATION: 0 none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 1954, to July 15, 1954, that I last saw the deceased alive on July 15, 1954, and that death occurred at 10:06 AM from the causes and on the date stated above.

SIGNATURE M. Incas Clark Harley (Degree or title) M.D. ADDRESS Terra Alta W. Va DATE SIGNED July 17, 1954

23. BURIAL, ~~CREMATION~~, REMOVAL ~~(Specify)~~ DATE THEREOF July 18/54 NAME OF CEMETERY OR CREMATORY Brandon Ville Cemetery LOCATION (City, town, or county) Brandonsville (State) W. Va

DATE REC'D BY LOCAL REGISTRAR July 17/54 REGISTRAR'S SIGNATURE Julia Rowan L.R.
24. FUNERAL DIRECTOR E. S. Harned by Harland L. Dague Brandonville W. Va ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 3 1954
BUREAU V. S.